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CONFIRMATION NO. 3956

<b>SERIAL NUMBER</b> 10/657,768	<b>FILING OR 371(c) DATE</b> 09/08/2003 <b>RULE</b>	<b>CLASS</b> 623	<b>GROUP ART UNIT</b> 3738	<b>ATTORNEY DOCKET NO.</b> 01035.0036-01
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## APPLICANTS

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*CM*  
 \*\* CONTINUING DATA \*\*\*\*\*

*CM* This application is a CON of 09/713,708 11/14/2000 PAT 6,626,937

*CM*  
 \*\* FOREIGN APPLICATIONS \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 12/13/2003

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 2	<b>TOTAL CLAIMS</b> 24	<b>INDEPENDENT CLAIMS</b> 3
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after				
Verified and Acknowledged <i>Chief Miller</i> Examiner's Signature	<i>CM</i> Initials			

## ADDRESS

22852

## TITLE

Austenitic nitinol medical devices

<b>FILING FEE RECEIVED</b> 822	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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